in the control of the	35
ARIZONA STATE BOARD OF HEALTH  State File No.	
1. PLACE OF BIRTH STANDARD CERTIFICATE OF FIRTH Registered No.	
$\mathcal{Y}_{\mathcal{C}}$	Fiate Au zrea
County	
Warten Causen of Wart	
City Oliving of child Och and Carl Own an [If child is not yet named, make supplemental report, as directed.]	
3. Sex of Child To be answered ONLY 1. Twin, triplet or other	7. Date of birth of 14-1930
Mal births. 5. No., in order of birth	Month // Day Year
8. Full name Sterling Price Rownas	Full maiden name Suby Claste quiphell
9. Residence (Usual place of abode) Alrefspang Spring	15 Residence (Usual place of abode) Orf bright
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race  11. Age at last birthday 2 (Years	17. Age at last birthday (Years)
12. Birthplace (city or place).	18. Birthplace (city or place)
(State or country) / Was	(State or country)
13. Occupation	19. Occupation
Nature of industry	Nature of Industry
	21. Were precautions taken against oph-
(a) n at	theimie neonatorum?
certified and including this child.)  (c) Stillborn	0 0
CERTIFICATE OF ATTEMOTING PHYSICIAL OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was the control of the control	
· · · · · · · · · · · · · · · · · · ·	(Bor) alte or stillborn)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	m D.
child is one that neither breathes nor shows other evidence of life after birth.  Given name added from	(Physician or midwife).
a supplemental report Month, day, year	
Filed de	ph 20, 1,30 (6-6-00
Registrar	
975-914-20	
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